The background is a solid dark green color. It features several white, wavy, organic shapes that resemble stylized leaves or abstract patterns. One large shape is on the left side, and another is on the right side, both curving towards the center. The text is centered in the middle of the page.

# LGBTQ+ Resident Experience at Laguna Honda Hospital (LHH)

Jam Chen & Sumrit Grewal

# Agenda

**Introduction**

**Data Collection Process & Method**

**Findings**

**Conclusion and Recommendations**

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# Introduction

# What

Initiated in 2020 by Jam Chen with emphasis on Sexual Orientation and Gender Identity (SO/GI) Data

Assess and better understand the care and needs of LGBTQ+ residents at LHH

### A3 Title: Sexual Orientation and Gender Identity (SO/GI) at LHH

**Owners:** J. Chen **Team:** N. Talaj, J. Carton-Wade, A. Fishman, J. Spencer-Davies, J. Gillen, A. Pownall, I. Blanco

**Date:** 02/11/20 **Version:** 2.0

#### I. Background:

In 2017, San Francisco City Ordinance 159-16 went into effect, mandating that city departments providing health services collect patient data on sexual orientation and gender identity (SO/GI). This ordinance aims to better meet the health needs of the city's LGBTQ+ population. At the start of FY16-17, the SF Health Network (SFHN) incorporated a standard workflow to elevate SO/GI data as part of the Equity True North metric. Initial SO/GI implementation at Laguna Honda Hospital (LHH) streamlined the workflow for SO/GI data capture, which remains the current process. LHH Department of Education and Training (DET) facilitates monthly trainings to equip nursing staff with the skills to collect resident SO/GI data at admission.

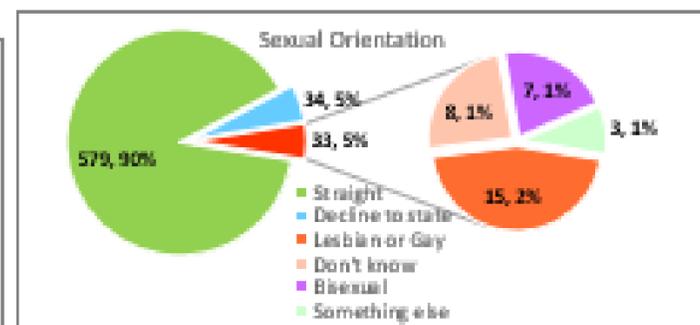
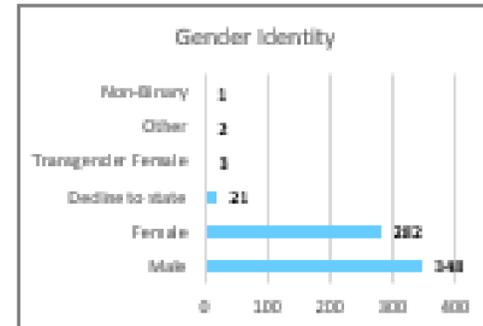
California Senate Bill 219, the LGBTQ+ Long Term Care Facility Residents' Bill of Rights, went into effect in 2017. SB219 protects various resident rights, for example, the right to room assignments based on their gender identity, right to engage in consensual sexual/romantic intimacy with partners of any gender, etc. LHH does not yet have a standard process to train staff on protecting and addressing violations of these rights, nor have residents been explicitly educated about this set of rights. A few years prior, the Gay Lesbian Outreach for Elders program (GLOE) facilitated a LGBTQ+ support group for residents at LHH. Due to inconsistent resident attendance, the support group was not sustained. Per the recommendation of California Department of Public Health (CDPH), LHH is beginning to develop the infrastructure to make an LGBTQ+ support group available to residents again.

#### IV. Analysis:

While LHH has higher SO/GI completion rates relative to SFHN at large, LHH reports lower percentages of LGBTQ+ residents captured in Epic. LHH percentages of Lesbian, Gay Bisexual, and Queer (LGBQ) and Transgender/Gender Nonconforming (T/GNC) patients are around half of the SFHN percentages (5% vs. 13% LGBQ, 1% vs. 2% T/GNC). These differences may be attributed to several factors. LHH skews towards an older population relative to SFHN; differences in cultural attitude, language ability, and cognitive capacity may limit resident ability and inclination to offer their SO/GI information for entry into their medical records. Hospital-wide SOGI data obscures variety across units' patient demographics and culture. For example, South 2, LHH's positive care unit, has a higher percent of EHR-documented LGBTQ+ residents compared to other units. This may in part be attributed to unit staff and culture's explicit and visible mission to provide excellent care for LGBTQ+ residents.

Furthermore, extant literature on the experiences of LGBTQ+ elders finds that respondents harbor various concerns about being out in long term care facilities. Examples of articulated fears include staff and resident biases resulting in harassment, mistreatment, or neglect (AARP, LGBT Aging Center). Without a qualitative complement to the SO/GI initiative, it is challenging to identify opportunities to improve person-centered care for LGBTQ+ residents. Qualitative interviews will help generate improvement opportunities to ensure efficacy of SO/GI survey tool and workflow, equip staff with robust knowledge, resources and practice to care for LGBTQ+ residents, and monitor and protect LGBTQ+ resident rights in long term care.

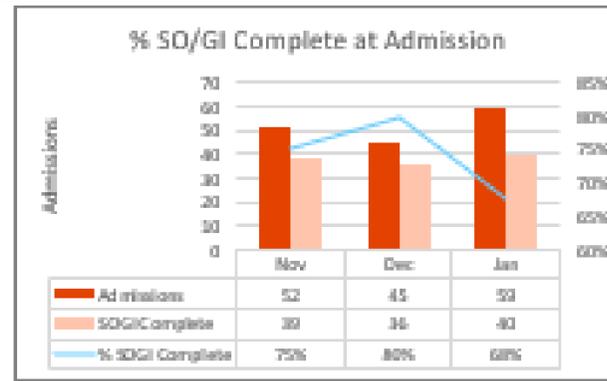
#### II. Current Conditions:



	SFHN (05/19)	LHH (02/20)
LGBQ	12.89%	5.39%
T/GNC	1.92%	0.94%

Month/Year	Census	% SO Complete	% GI Complete
05/19	757*	54%	55%
01/20	745	77%	79%
02/20	739	87%	89%

\*This number represents the number of LHH resident encounters in the month of May 2019, not the census for a given day.



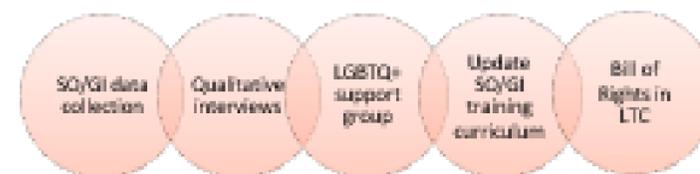
#### Problem Statement

Incomplete SO/GI data capture for LHH residents limits the potential for person-centered care, especially for residents who identify under the LGBTQ+ umbrella.

#### III. Goals & Targets:

- 15 qualitative interviews with LGBTQ+ residents by end of March 2020; analysis and findings reported to HEC
- LGBTQ+ support group available to residents by end of March 2020
- Residents and staff trained on LGBTQ+ Bill of Rights in LTC by end of March 2020
- 100% SO/GI complete at LHH by end of FY19-20

#### V. Recommendations:



#### VI. Plan:

Countermeasure	Description & Expected Results	Owner	Date	Status
Conduct resident interviews	Conduct 15 qualitative interviews with self-identified LGBTQ+ residents to assess experiences with SO/GI data collection and protection of rights; solicit visions and ideas for support group.	J. Chen J. Gillen A. Pownall	3-31-20	In process
Revise LHH SO/GI training material	Personalize LHH SO/GI training material by incorporating de-identified narrative pieces and quotes from resident interviews.	A. Fishman J. Chen	3-31-20	
Make available a support group	Have an LGBTQ+ support group available for residents as a space to commune with and support others of shared identity; designate as an avenue to seek resources.	J. Carton-Wade J. Gillen J. Chen	3-31-20	
Implement LGBTQ+ Bill of Rights in LTC	Develop and implement training for staff on upholding and addressing violations of LGBTQ+ residents' Bill of Rights in Long Term Care. Educate residents on BoR at community meetings.	J. Carton-Wade A. Fishman	3-31-20	
Collect resident SO/GI data	Ensure SO/GI data collection at admission and collect for residents here prior to LHH SO/GI implementation for 100% SO/GI completion by end of FY19-20.	I. Blanco J. Spencer-Davies	6-30-20	In process

#### VII. Follow-Up:

# Why

In 2020 1 in 3 LGBTQ+ identifying peoples have faced discrimination of some kind in the United States

San Francisco has one of the largest and most prominent LGBTQ+ communities in the United States

LHH is the only dedicated skilled nursing facility for HIV/AIDS in the San Francisco Bay Area

At LHH we follow True North to help shape our improvement work and efforts for continuous improvement in all functional areas

# True North



# LGBTQ+ Bill of Rights

## LGBTQ+ LONG-TERM CARE FACILITY RESIDENTS' BILL OF RIGHTS

Residents in Long-Term Care Facilities have all the rights below without regard to a person's actual or perceived sexual orientation, gender identity, gender expression, or HIV status.

- ▼ Resident's admission to a facility, transfer within, or to another facility, cannot be based on a person's actual or perceived sexual orientation, gender identity, gender expression, or HIV status. A resident will not be involuntarily discharged based on above.
- ▼ Residents can share a room at their request.
- ▼ Where rooms are assigned by gender, an individual's request based on their gender identity will be honored.
- ▼ A resident will not be involuntarily reassigned to a different room based on any person's complaints or concerns about gender identity or gender expression.
- ▼ Resident's choice of restroom based on gender identity or gender expression will be respected.
- ▼ Resident's preferred name and pronouns will be used.
- ▼ Resident may wear or be dressed in clothing, accessories, or cosmetics of their choice.
- ▼ Residents have the right to associate with others of their choice and engage in sexual intimacy.
- ▼ Residents will receive medical and non-medical care that is appropriate to a resident's organs and bodily needs, and will be provided in a respectful and appropriate manner.

# The State of the LGBTQ Community in 2020

## A National Public Opinion Study

30% of LGBTQ+  
Patients in the US

Faced difficulties last year  
accessing necessary  
medical care due to cost  
issues

46% of LGBTQ+  
Patients in the US

Reported that they were  
intentionally misgendered

15% of LGBTQ+  
Patients in the US

Reported postponing or  
avoiding medical treatment  
due to discrimination

49% of LGBTQ+  
Patients in the US

Reported that their doctor  
or provider was visibly  
uncomfortable while  
treating them

# LGBT Aging at the Golden Gate: San Francisco Policy Issues & Recommendations (2014)

78% of LGTBQ+  
SF Seniors

Felt it would be unsafe for  
an LGBTQ+ senior to be  
"out" in a care facility

89% of LGBTQ+  
SF Seniors

Believed staff would  
discriminate against an out  
LGBTQ+ person

81% of LGBTQ+  
SF Seniors

Believed that other  
residents would  
discriminate against them

53% of LGBTQ+  
SF Seniors

Believed staff would abuse  
or neglect an LGBTQ+  
elder

# Data Collection

# Process & Method

Recruitment

Interviewed 10 Residents

Interviewed 3 Physicians on S2

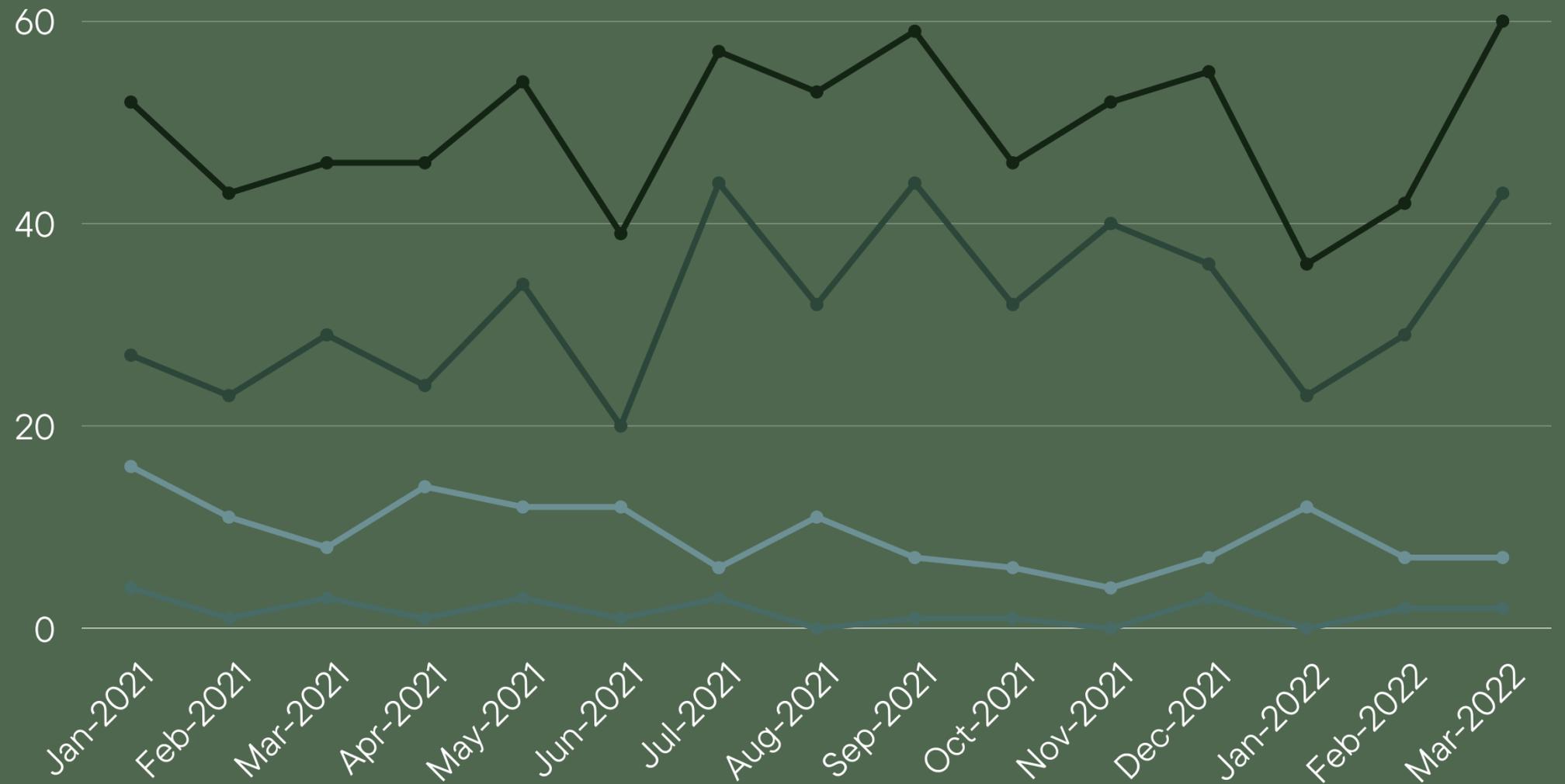
Interviewed Ombudsman

Collected SO/GI Data from EPIC

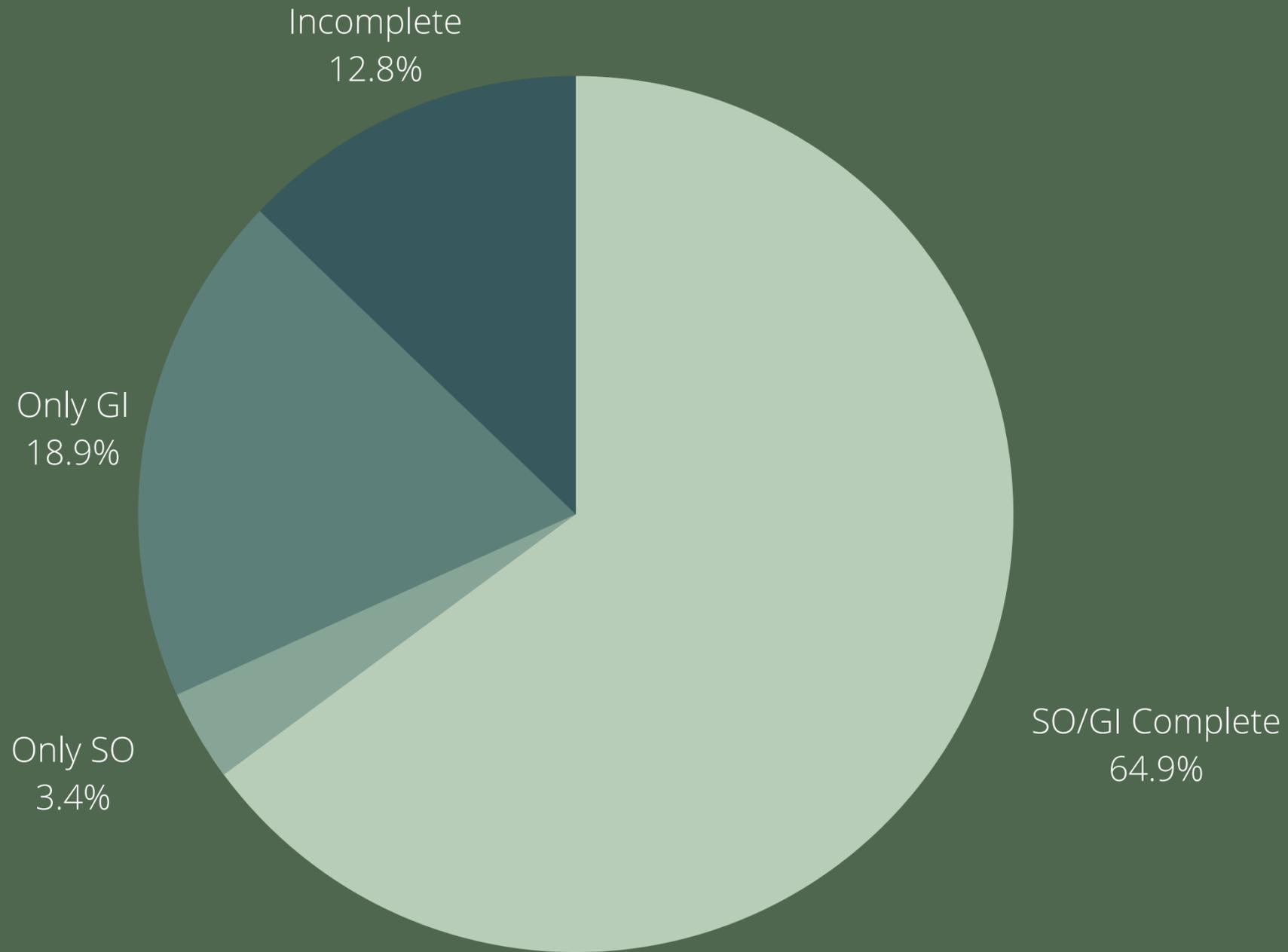
# Findings

# Admissions SO/GI Data

Total Admits v. Filled SO/GI v. Filled  
ONLY Sexual Orientation v. Filled ONLY  
Gender Identity



# January 2021 – March 2022



	# of Admits
<b>SOGI Complete</b>	480
<b>Only Sexual Orientation Complete</b>	25
<b>Only Gender Identity Complete</b>	140
<b>Incomplete</b>	95
<b>Total</b>	740

# Community Engagement



"Laguna Honda  
Hospital is a  
Nirvana"

- resident, 2020



# Creative Spaces

Art with Elders

"Best part of LHH"

"Allows me to connect with creatives"

"Creative fields are gay-centric in general"

- Friends through music
- sings in pain clinic

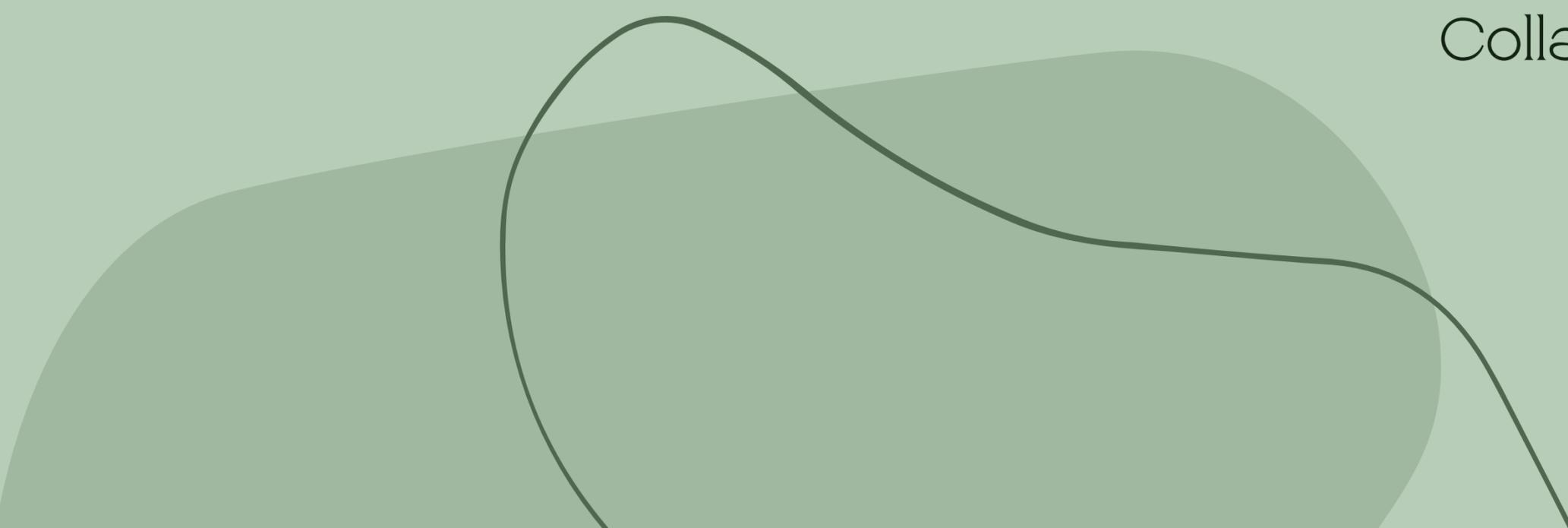
# Feeling Alone: a need for more social spaces

Social groups, not support groups

No culture outside of Pride

Don't know each other

Collaboration



# Comfort around others

- Many feel only comfortable around those who also identify under the LGBTQ+ umbrella
- Interactions and friendships are overwhelmingly with those who identify same as the resident
- Hard to express themselves to those who don't identify as LGBTQ+



# LGBTQ+ Residents and LGBTQ+ Staff

Residents feel the most comfortable  
around staff who also identify as  
LGBTQ+

Feel:

- seen
- accepted
- have better care
- comfortable

"Grown old women being funny by calling me 'GIRLLL', we're not all the same. Staff doesn't know me [well] to call me that"

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"Call me 'girl' but I'm okay with it"

- LHH Residents

# Strengthening Staff and Resident Relationships: building a stronger foundation

## Consistency

Residents have expressed great inconsistency

## Personable

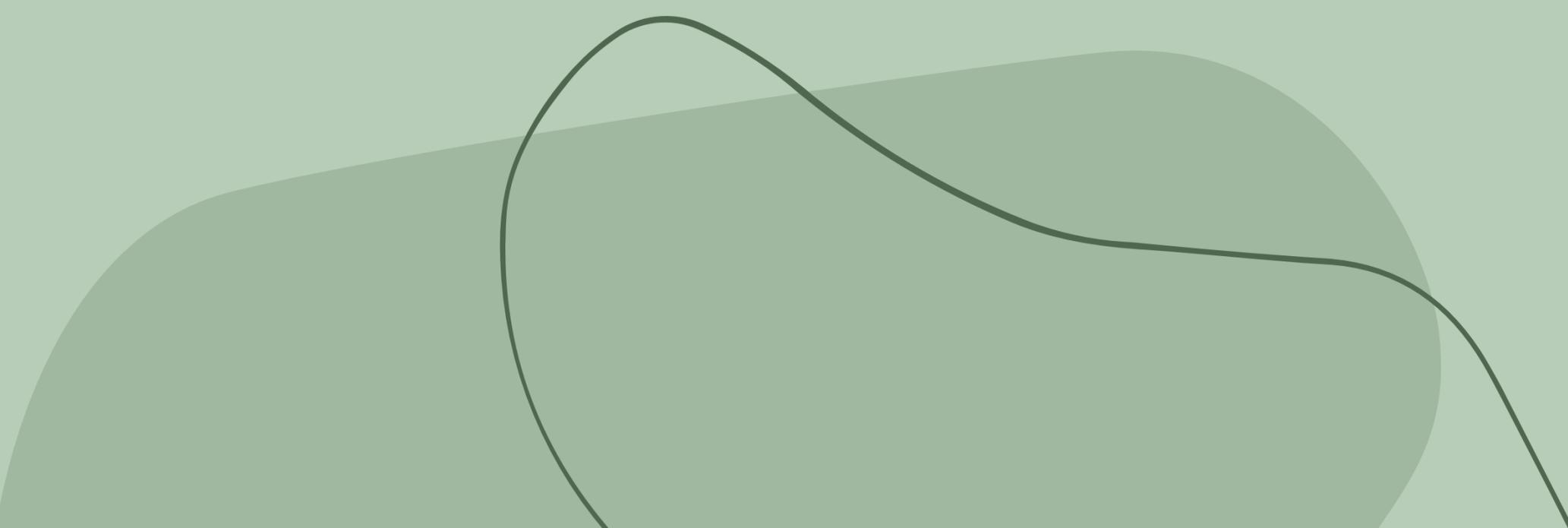
Asking about personal life + sitting with resident after abuse to ask how they felt

# Other Perspectives

# Conversations with Physicians

Barriers to Healthcare

Psycho-Social Care #1 Barrier to  
Control HIV



# Conversation with Ombudsman

Staff should be more sensitive

Create LGBTQ+ Anonymous

Monthly SO/GI Report

Review LGBTQ+ Education Training

# Recommendations



Create more  
social spaces



Update training  
materials



Increase SO/GI  
Data Admission

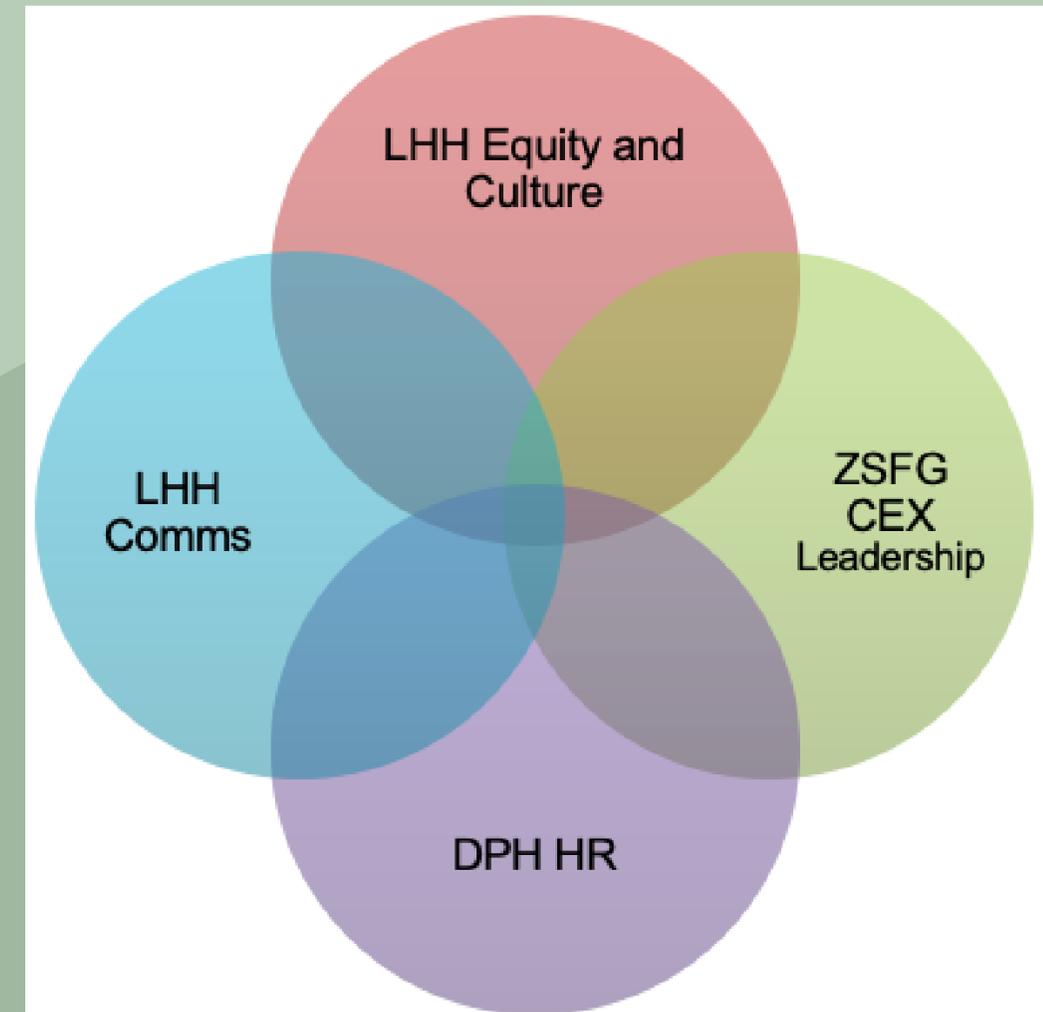


Create an  
LGBTQ+  
Identifying Unit

# What next?

## Care Experience during re-certification process

- **Goal:** To establish a sustainable care experience structure that amplifies the voice and experience of employees, patients, and community during the recertification and closure process as a means to transform Laguna Honda into a healing organization characterized by equity, belonging, and trauma informed practices.
- Focuses on improving the experience for all stakeholders (residents, families, staff, community partners) when engaged with Laguna Honda



# What next?

Care Experience during re-certification process

- Review findings with leadership and key stakeholders
- Assess feasibility and resources needed
- Create plan for implementation of recommendations as appropriate
- Continue to amplify resident voices

Questions?



# Thank you!

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